PAGE 1 / 17

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		ized Comr	nittee	<b>'</b>		Office	· Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PR	INT ▼		mple: If typing	g, type	12FE4M	5	
Kleinhendler F	or Cor	ngress							ı
ADDRESS (number ar	nd street)	PO Box 169	2						
Check if dit									
than previoreported. (A		Brick					NJ	08723	
2. <b>FEC IDENTIFIC</b>	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C005543	11			IS THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	NJ 03
			1					-	
4. TYPE OF RE		Choose One)	(b) 1	12-Day PRE-	Election Repo	rt for the:			
(a) Quarterly R	eports:				Primary (12P)		General (	12G)	Runoff (12R)
April 15	Quarterl	y Report (Q1)		П	Convention (1	130)	Special (1	136)	_
X July 15	Quarterly	Report (Q2)			Convention	120)	Special (	120)	
Octobe	r 15 Quai	terly Report (Q3)		Election on	M M /	D D /	Y Y Y Y		in the State of
January	/ 31 Year-	End Report (YE)	(c) 3		-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y " Y " Y		in the State of
5. Covering Period	N	01 D D D		016	through	M M M 06	/ 30 /		y y y y 2016
I certify that I have e	examined	this Report and	to the be	est of my kno	owledge and k	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	rer Howard Kle	einhendler						
Signature of Treasure	signature of Treasurer Howard Kleinhendler [Electronically Filed] Date								
NOTE: Submission of	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
Office								E1	EC FORM 3
Use Only									Revised 02/2003)

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 17

Write or Type Committee Name
Kleinhendler For Congress

06 30 2016 01 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 3931.81 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 3931.81 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 45.00 72672.53 (from Line 17) ..... (b) Total Offsets to Operating 0.00 608.33 Expenditures (from Line 14)..... (c) Net Operating Expenditures 45.00 72064.20 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 549.61 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 70010.00 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

#### Kleinhendler For Congress

Report Covering the Period: From: 04 01 2016 To: 06 30 2016

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11.	CONTRIBUTIONS (other than loans) FROM:				
	(a) Individuals/Persons Other Than				
	Political Committees (i) Itemized (use Schedule A)	0.00	3579.00		
	(ii) Unitemized	0.00	100.00		
	(iii) TOTAL of contributions from individuals	0.00	3679.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) The Candidate	0.00	252.81		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	3931.81		
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3.	LOANS:				
	(a) Made or Guaranteed by the Candidate	0.00	70010.00		
	(b) All Other Loans	0.00	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	70010.00		
4.	OFFSETS TO OPERATING				
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	608.33		
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	74550.14		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	45.00	72672.53
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	45.00	72672.53
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	594.61
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		594.61
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	45.00
	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	549.61

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF 17 (check only one)			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X   17   18   19a   19b   20a   20b   20c   21			
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a					
NAME OF COMMITTEE (In Full)  Kleinhendler For Congress					
Full Name (Last, First, Middle Initial)  A. Chase Bank  Mailing Address 499 Route 70  City State Brick NJ  Purpose of Disbursement Bank fee  Candidate Name Kleinhendler For Congress  Office Sought: House Senate President State: NJ District: 03	General	Date of Disbursement  O4 29 2016  Amount of Each Disbursement this Period  10.00  Memo Item  Transaction ID: SB17.4293			
Full Name (Last, First, Middle Initial)  Chase Bank  Mailing Address 499 Route 70		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City State Brick NJ  Purpose of Disbursement Bank Fee  Candidate Name Kleinhendler For Congress  Office Sought: House Senate President President State: NJ District: 03	General	Amount of Each Disbursement this Period  10.00  Memo Item  Transaction ID : SB17.4295			
Full Name (Last, First, Middle Initial)  C. Chase Bank  Mailing Address 499 Route 70		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	General	Amount of Each Disbursement this Period  10.00  Memo Item  Transaction ID : SB17.4297			
SUBTOTAL of Disbursements This Page (optional)		30.00			

TOTAL This Period (last page this line number only).....

30.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 6

X 13a 13b

	Detailed Summary Page 13b		
IAME OF COMMITTEE (In Full) Kleinhendler For Congress	Transaction ID : SC/10.4104		
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FOR Howard Kleinhendler	UNDS] Memo Item Election: 2014  Primary  General		
Mailing Address 8 Cabinfield Circle	Other (specify) ▼		
City State ZIP Co	de		
Lakewood NJ 08701			
Original Amount of Loan  Cumulative Payment To	Date Balance Outstanding at Close of This Period  0.00 1000.00		
Date Incurred  Date Due  Mo1M / D06D / Y 2014  List All Endorsers or Guarantors (if any) to Loan Source	Interest Rate Secured:  1/30/2014 0.00 (apr) Yes No		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
**TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13b

17

Detailed Summary Page Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) Kleinhendler For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Memo Item Primary Howard Kleinhendler General Mailing Address Other (specify) 8 Cabinfield Circle City State ZIP Code NJ 08701 Lakewood Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50.00 0.00 50.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 05 <sup>M</sup> 02<sup>M</sup> ž014 11/30/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 50.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13b

17

Detailed Summary Page Transaction ID: SC/10.4108 NAME OF COMMITTEE (In Full) Kleinhendler For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Memo Item Primary Howard Kleinhendler General Mailing Address Other (specify) 8 Cabinfield Circle City State ZIP Code NJ 08701 Lakewood Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10.00 0.00 10.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 20 <sup>M</sup> 02<sup>M</sup> ž014 11/30/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 9

13a 13b

LOANO	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4110
Kleinhendler For Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSO	DNAL FUNDS   Memo Item   Election: 2014
Howard Kleinhendler	Primary
	General
Mailing Address 8 Cabinfield Circle	Other (specify)   ———————————————————————————————————
City State	ZIP Code
Lakewood	08701
Original Amount of Loan Cumulative Payr	nent To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS  Date Incurred Da	te Due Interest Rate Secured:
M 03 / D 0 / Y 2014 M M / D D	/ Y 11/30/14 Y 0.00
	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	······································
Carry outstanding halance only to LINE 3 Schedule D for this	line. If no Schedule D. carry forward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**X** 13a

17

PAGE 10

JANS		Detailed Summary Page (Crieck Only One)
AME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4111
LOAN SOURCE Full Name (Last, Howard Kleinhendler	First, Middle Initial) "PERSONAL	FUNDS] Memo Item Election: 2014  Primary  General
Mailing Address 8 Cabinfield Circle		Other (specify)
City	State ZIP (	
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Peri
TERMS  Date Incurred  M03M / D31D / Y 2014	Date Du	ue Interest Rate Secured:  11/30/14  0.00  % (apr)
List All Endorsers or Guarantors  1. Full Name (Last, First, Middle In	· • • • • • • • • • • • • • • • • • • •	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (o	optional)	5000.00
TOTALS This Period (last page in this		7
Carry outstanding balance only to Lif	າ⊑ 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 11

13a

LOANS	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full) Kleinhendler For Congress	Transaction ID : SC/10.4174
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FU Howard Kleinhendler	MDS] Memo Item Election: 2014  Primary  General
Mailing Address 8 Cabinfield Circle	Other (specify)
City State ZIP Cool NJ 08701	de
Original Amount of Loan  Cumulative Payment To	Date Balance Outstanding at Close of This Period  0.00 8000.00
Date Incurred  Date Due  M 04 / D 14 / Y 2014 Y M M / D D / Y 1	Interest Rate Secured:  1/30/14   O.00  (apr)  Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	7 7 7

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 12

X 13a

OANS		Detailed Summary F	Page	check only one)	13b
NAME OF COMMITTEE (In Full) Kleinhendler For Congress		Trans	saction ID :	SC/10.4175	
LOAN SOURCE Full Name (Last, First, Midd Howard Kleinhendler	dle Initial) <b>PERSONAL FUI</b>	NDSJ Memo Item		n: 2014 mary eneral	
Mailing Address 8 Cabinfield Circle			— — `	her (specify) ▼	
City	State ZIP Code NJ 08701	Э			
Original Amount of Loan	Cumulative Payment To D		alance Outs	standing at Close of	
8000.00		0.00			3000.00
Date Incurred  MO4 / D30 / Y Ž014 Y	Date Due	Interest R //30/14	0.00	Secu % (apr)	ured: Yes No
List All Endorsers or Guarantors (if any) to	Loan Source				100 110
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		· · · · · ·	
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	7	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	7	9	
SUBTOTALS This Period This Page (optional)		·····	,	8	000.00
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Sche				7	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 13

X 13a I

LOANS	Detailed Summary Page (Shook Shiy Sho)
NAME OF COMMITTEE (In Full) Kleinhendler For Congress	Transaction ID : SC/10.4176
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL F Howard Kleinhendler	UNDS] Memo Item Election: 2014  Primary  General
Mailing Address 8 Cabinfield Circle	Other (specify) ▼
City State ZIP Co	ode
Original Amount of Loan  Cumulative Payment To 25000.00	Date  Balance Outstanding at Close of This Period  0.00  25000.00
Date Incurred  Date Due	Interest Rate Secured:  11/30/14   O.00  (apr)  Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedule D, for this line. If	, , , , , , , , , , , , , , , , , , , ,

## SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 14

**X** 13a

	Detailed Summary Page (Check Only One) 13b
AME OF COMMITTEE (In Full) Kleinhendler For Congress	Transaction ID : SC/10.4199
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FULL Howard Kleinhendler	Memo Item Election: 2014  Primary  General
Mailing Address 8 Cabinfield Circle	Other (specify)
City State ZIP Cod Lakewood NJ 08701	e e
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period  0.00 7000.00
	Interest Rate Secured:  0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	7000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	7 7

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 15

X 13a

LOANS	Detailed Summary Page (Sheek Shily She)
NAME OF COMMITTEE (In Full) Kleinhendler For Congress	Transaction ID : SC/10.4200
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSON, Howard Kleinhendler	AL FUNDS] Memo Item Election: 2014  Primary  General
Mailing Address 8 Cabinfield Circle	Other (specify) ▼
	P Code 3701
Original Amount of Loan Cumulative Payme 5000.00	nt To Date  Balance Outstanding at Close of This Period  5000.00
Date Incurred Date	Due Interest Rate Secured:  y 11/30/14  0.00  % (apr)  Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	e. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 16 OF

×	13a
	13b

DANS			Detailed Summary Pa	age (official offiny c	13b
AME OF COMMITTEE (In Full)  Kleinhendler For Congres	ss		Transa	action ID : SC/10.4201	- 1
LOAN SOURCE Full Name (La Howard Kleinhendler		Initial) "PERSONAL FU	NDS]	Election: 2014  Primary  General	
Mailing Address 8 Cabinfield Circle				Other (specify)	•
City	Sta	ate ZIP Cod	e		
Lakewood	١	NJ 08701			
Original Amount of Loan	950.00	umulative Payment To I	Date Ba	lance Outstanding at	Close of This Period
TERMS  Date Incurred  M 05 / D29 / Y 20	14 Y	Date Due	Interest Ra 1/30/14 <sup>V</sup> 0	te .00 % (apr)	Secured:  Yes No
List All Endorsers or Guaranto		oan Source			
1. Full Name (Last, First, Midd	le Initial)		Name of Employer		
Mailing Address			Occupation		
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1	
SUBTOTALS This Period This Pag	je (optional)				950.00
OTALS This Period (last page in	this line only)		·		
Carry outstanding balance only to	LINE 3. Schedu	ule D. for this line. If n	o Schedule D. carry for	ward to appropriate	line of Summarv.

## SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 17

**X** 13a

DAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction	ID : SC/10.4202
LOAN SOURCE Full Name (Last, F Howard Kleinhendler	First, Middle Initial) "PERSONAL		ection: 2014  Primary  General
Mailing Address 8 Cabinfield Circle			Other (specify) ▼
City Lakewood	State ZIP 0		
Original Amount of Loan	Cumulative Payment <sup>3</sup>	To Date Balance	Outstanding at Close of This Period 5000.00
TERMS  Date Incurred  M 06 / D02 / Y 2014	Date Du	e Interest Rate  11/30/14  0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (  1. Full Name (Last, First, Middle In		Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Outstariding.	
2. Full Name (Last, First, Middle Ini	iial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Ini	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Ini	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (o	ptional)	<u> </u>	5000.00
TOTALS This Period (last page in this	line only)		70010.00
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry forward	I to appropriate line of Summary.